**Template 1: Test Appointment Confirmation**

**Subject:** Test Appointment Confirmation – [Test Name]  
Hi **[Patient Name]**,  
Your appointment for the **[Test Name]** at **[Hospital]** with **[Doctor]** is confirmed.  
📅 **Test Date:** [Test Date]  
💵 **Cost:** [Cost] – Insurance Covered: [Insurance Covered]  
If you have any questions, feel free to contact us.  
Best regards,  
**[Hospital Name]**

**Template 2: Test Result Notification**

**Subject:** Test Result for [Test Name] – [Patient Name]  
Hi **[Patient Name]**,  
Your **[Test Name]** result is **[Result]**.  
📝 **Doctor:** [Doctor]  
📍 **Hospital:** [Hospital]  
**Notes:** [Notes]  
Please reach out if a follow-up is needed.  
Thank you,  
**[Hospital Name]**

**Template 3: Test Payment Receipt**

**Subject:** Payment Receipt for [Test Name] – [Patient Name]  
Hi **[Patient Name]**,  
We have received your payment of **[Cost]** for your **[Test Name]**.  
Insurance Covered: **[Insurance Covered]**  
If you need assistance, contact us at [Hospital Contact Email].  
Sincerely,  
**[Hospital Name]**

**Template 4: Test Reschedule Notification**

**Subject:** Test Reschedule Confirmation – [Test Name]  
Hi **[Patient Name]**,  
Your **[Test Name]** appointment has been rescheduled.  
📅 **New Test Date:** [New Date]  
**Doctor:** [Doctor] – **Hospital:** [Hospital]  
For assistance, reach out to us anytime.  
**[Hospital Name]**

**Template 5: Follow-Up Reminder**

**Subject:** Follow-Up Required for [Test Name]  
Hi **[Patient Name]**,  
Following your **[Test Name]** result (**[Result]**), a follow-up is recommended.  
Contact **[Doctor]** at **[Hospital]** to schedule an appointment.  
Thank you,  
**[Hospital Name]**

**Template 6: Insurance Coverage Confirmation**

**Subject:** Insurance Coverage for [Test Name] – [Patient Name]  
Hi **[Patient Name]**,  
Your **[Test Name]** conducted at **[Hospital]** is **[Insurance Covered]** by your insurance.  
For further details, contact us.  
**[Hospital Name]**

**Template 7: Test Cancellation Confirmation**

**Subject:** Test Cancellation for [Test Name] – [Patient Name]  
Hi **[Patient Name]**,  
Your **[Test Name]** appointment on **[Test Date]** at **[Hospital]** has been canceled.  
To reschedule, contact us at any time.  
Best regards,  
**[Hospital Name]**

**Template 8: Retest Recommendation**

**Subject:** Retest Recommended for [Test Name]  
Hi **[Patient Name]**,  
Your **[Test Name]** result indicates that a retest is recommended.  
Please contact **[Doctor]** at **[Hospital]** to schedule it.  
Thank you,  
**[Hospital Name]**

**Template 9: Test Cost Estimate**

**Subject:** Cost Estimate for [Test Name] – [Patient Name]  
Hi **[Patient Name]**,  
The estimated cost for your **[Test Name]** at **[Hospital]** is **[Cost]**.  
Insurance Covered: **[Insurance Covered]**  
Contact us for payment details.  
**[Hospital Name]**

**Template 10: No-Show Follow-Up**

**Subject:** Missed Appointment for [Test Name]  
Hi **[Patient Name]**,  
We noticed that you missed your **[Test Name]** appointment on **[Test Date]** at **[Hospital]**.  
Please contact us to reschedule with **[Doctor]**.  
Thank you,  
**[Hospital Name]**